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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/771,797	
	Filing Date	January 29, 2001	
	First Named Inventor	Hoffmann	
	Art Unit	2839	
	Examiner Name	Chandrika Prasad	
Total Number of Pages in This Submission	12	Attorney Docket Number	N/A

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: Enclosed and submitted amendment in response to Office Action of May 19, 2003. Amendment totals 11 pages including amendments to the Abstract, Specification, Claims and a Remarks/Arguments section.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	William J. Telesco	
Signature	<i>William J. Telesco</i>	
Date	August 13, 2003	

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Typed or printed name	William J. Telesco	
Signature	<i>William J. Telesco</i>	Date: Aug 13, 2003

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